Approval Expires: 1/31/2006

INFO	KIMIVI. Type or pri	in, ieau msoo	coons before comple	ung ronn)		Mppr	oval Explies.	70 II. E 000			rage I OI J
3	FPA		<u> </u>	FOI	RM.	R			cility ID Number		
	ec Sitetes ronmental Protency	ection K	Selution 313 of the c know Act of 1986, a kmendments and R	also known	as Title	III of the Supe		Toxic C	Chemical, Category	or Gene	ric Name
WHER	RE TO SEND COM	PLETED FOR	MS: 1. TRI Data Pro P.O.Box 151 Lanham, MD	3	(APPROPRIATE (See instructions		₹)	Enter "X" here if the is a revision For EPA use only	is	
Impo	ortant: Se <u>e</u> in	structions	s to determine	when "N	Not Ap	plicable <u>(</u> N	A)" boxes	shou	ld be checked	d	
		P	PART I. FACIL	ITY IDE	NTIFI	CATION IN	NFORMAT	TION			
SEC	TION 1. REPO	ORTING YE	AR <u>2003</u>				-				
SEC	TION 2. TRAD	E SECRET	INFORMATION								
2.1	Yes (Answe	he toxic chemier question 2.2; n substantiation		e 2 trade sec O (Do not a Go to Sec	nswer 2.	2; 2.2	ls this copy (Answer only i	f "YES"	Sanitized in 2.1)	Unsar	itized
SEC	TION 3. CERT	FICATION	(Important: Rea	d and sig	ın aftei	r completing	all form se	ctions	s.)		
inforn	, ,	omplete and th	e attached document hat the amounts and this report.			•	-				
Name	and official title of	owner/operato	or or senior managem	ent official:			Signature):		Da	te Signed:
Thoma	as L. Warren Direct	tor, DECAM								06/	15/2004
SEC	TION 4. FACIL	ITY IDENTI	IFICATION								
4.1 Facility	or Establishment Nar	ne I			\rightarrow	TRI Facility ID I			YFRTE2W dress (if different from a	street add	ress)
,	Facility for Fort Ca	1			ŀ	DECAM					
Street RT 2 V	Wildemess Rd, Bid	g 9550				Mailing Address 1638 Elwell St.,	Bldg 6236				
City/Co	ounty/State/Zip Code					City/State/Zip Code	9	•		Cou	ntry (Non-US
Fort C	arson	El Paso,	Fremont, Pueblo	CO 80913-4	1000	Fort Carson			CO 80913-43	56	
4.2	This report conta (Important: chec		n for: k c or d if applicable)	а.	<i>^</i>	n entire cility b.	Part of a facility	с. С	A Federal facility d.		GOCO
4.3	Technical Conta	ct Name	John Cloonan					<u> </u>	none Number (inclu 526-8004	de area	code)
	Email Address		john.cloonan@cars	on.army.mil				- ·	A STATE OF THE STA		
4.4	Public Contact N	lame	John Cloonan						none Number (inclu- 526-8004	oe area	code)
4.5	SIC Code (s) (4	digits)	Primary a. 9711	b.		c.	d.		e.	f.	
4.6	Latitude	Degrees	Minutes	Sec	conds	Longitude	Degrees		Minutes		conds
4.6	Dun & Bradstre	38 et F	45 EPA Identification Nu	mber	45 T	Facility NPDES	104 Permit	$-\perp$	47 Underground Inj		45 /ell Code
4.7	Number(s) (9 dig		RCRA I.D. No.) (12			Number(s) (9 c		4.10	(UIC) I.D. Numb		
a. N	Α		210020150			0021181		a. NA			
b.	TION & DADE	b.	NV INCODERS	ON] D. CO	0034771		b.			
			NY INFORMATI	r	tmont of	Defense					
5.1	Name of Parent		NA L	U.S. Depar		Detense					
5.2	Parent Company	y's Dun & Brad	astreet Number	NA	X						

					rage z or o			
·				TRI Facility ID No	ımber			
	•	EPA FORN	R	100 ha ShM (FRT	E. W			
	PART II. CHEMIC	AL - SPEC	IFIC INFORMATION	Toxic Chemical,	Category or Generic Name			
				Copper	Copper			
SEC	TION 1. TOXIC CHEMIC	AL IDENTITY	(Important: DO NOT comple	ete this section if you c	ompleted Section 2 below.)			
L	CAS Number (Important: Enter only or	ne number exactly a	is it appears on the Section 313 list. Enter categ	ory code if reporting a chemic	cal category.)			
1.1	7440-50-8		· · · · · · · · · · · · · · · · · · ·					
1.2		Name (Important: I	Enter only one name exactly as it appears on the	e Section 313 list.)				
	Copper	amplete cally if Dor	t 1, Section 2.1 is checked "Yes". Generic Name	n must be structurally decoring	tive)			
1.3	NA	omplete only il Pat	11, Section 2.1 is criedled. Tes , Generic Name	a must be structurally descrip	uve.)			
	(If there are any numbers in boxes 1-1	7, then every field r should equal 100%.	Dioxin-like Compounds Category. nust be filled in with either 0 or some number be If you do not have speciation data available, in 7 8 9 10		14 15 16 17			
SEC	TION 2. MIXTURE COMP	ONENT IDE	TITY (Important: DO NOT comple	ete this section if you c	ompleted Section 1 above.)			
	Generic Chemical Name Provided by	Supplier (Important	Maximum of 70 characters, including numbers,	letters, spaces, and punctua	tion.)			
2.1	NA							
SECT	TION 3. ACTIVITIES AND (Important: Check a		IE TOXIC CHEMICAL AT THE F	ACILITY				
3.1	Manufacture the toxic che	emical: 3.1	Process the toxic chemical:	3.3 Otherwise t	use the toxic chemical:			
a.	Produce b. In	nport						
	If produce or import:	a.	As a reactant	a. As a chen	nical processing aid			
¢.	For on-site use/processin	g b.	As a formulation component	b. As a man	ufacturing aid			
d.	For sale/distribution	c.	As an article component	c. X Ancillary	or other use			
e.	As a byproduct	d.	Repackaging					
f.	As an impurity	e.	As an impurity	NY TIME BURING	THE CALENDAD VEAD			
		,	OXIC CHEMICAL ONSITE AT A	INY TIME DURING	THE CALENDAR YEAR			
4.1 SECT	(2/10/14		rom instruction package.) EMICAL ENTERING EACH ENV	IDONMENTAL MED	UIIM ONSITE			
SECT	ION S. QUANTITI OF TH	IE TOXIC CH	T	B. Basis of Estimate	C. % From Stormwater			
			(Enter range code or estimate**)	(enter code)	"			
5.1	Fugitive or non-point air emissions	NA X						
5.2	Stack or point air emissions	NA X						
5.3	Discharges to receiving stream water bodies (enter one name							
	Stream or Water Body N	lame						
5.3.1	NA	·						
5.3.2			· · ·					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

5.3.3

⁽example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

	TRI Facility ID Number											
PART	II. CHEMIC	AL ST	FCIFIC	: INFOR	ΜΔΤΙζ	ON (C	ONTIN	HED)				
,,,,,,,	0.11233110	AL 0.		<i>.</i>		,,,,		020,	Toxic Chemical, Category, or Generic Name Copper			
SECTIO	ON 5. QUANTI	ry of th	E TOXI	C CHEMIC	CAL EN	TERIN	G EACH	ENVIR	ONMENTAL MEDIUM ON	SITE	(Continued)	
			NA	1	-		/ear*) (ente		B. Basis of Estimate			
	Underground Inje				c	ode** o	r estimate)		(enter code)			
5.4.1	to Class Wells	ecuon onsile	X									
5.4.2	Underground Injecto Class II-V We		. x									
5.5	Disposal to land	onsite										
5.5.1.A	RCRA Subtitle C	landfills	×									
5.5.1.B	Other landfills		X	-								
5.5.2	Land treatment/a farming	application	X									
5.5.3A	RCRA Subtitle C Impoundments	Surface	X									
5.5.3B	Other surface im	poundments	×									
5.5.4	Other disposal			69013					E		·	
SECTIO	ON 6. TRANSF	ERS OF 1	THE TO	XIC CHEM	IICAL II	WAS	STES TO	OFF-SI	TE LOCATIONS			
6.1 DIS	CHARGES TO	PUBLIC	LY OWN	NED TREA	TMENT	WOR	K\$ (POT	™s)				
6.1.A To	tal Quantity Tra	ansferred t	to POTW	s and Bas	is of Est	imate						
	Total Transfers (enter range cod		-			6.1.A	A.2 Basis (enter d		nate			
			NA	-			`					
6.1.B. 1		Name _{NA}	`							• •		
POTW A	ddress											
City		I			State		County		· · ·	Zip		
6.1.B.	POTW	Name .						•				
POTW A	ddress											
City					State		County			Zip		
	nal pages of Part			,								
in this bo				ction 6.1 pag	_			(example: 1,2,3, etc.)			
	ON 6.2 TRANS					ATION	1		····			
6.2. <u>1</u>	Off-Site EPA Id		Number	(RCRA ID	NO.)		NA	•				
Off-Site L	ocation Name	NA										

* For Dioxin or Dioxin-like compounds, report in grams/year

Yes

Country (Non-US)

Νo

Zip

Is location under control of reporting facility or parent company?

State

County

Off-site Address

City

^{**} Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

				_	•			TRI Facility ID Nu	ımber		
	.	PA FO	RM	R				£ 2: 13 SR VI 1F RT	E2 W		
PARTII. CH	IEMICAL - SPI	i	foxic Chemical, (Category	, or Generic Name						
				Copper							
SECTION 6.2	TRANSFERS TO	OTHE	R OF	F-SITE	LOCAT	IONS (Continued)					
A. Total Transfe (enter range o	ers (pounds/year*) ode** or estimate)		B. Basis of Estimate (enter code)					C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1.			1.								
2.			2.				2.				
3.			3.				3.				
4.			4.				4.				
6.2. Of	f-Site EPA Identifica	tion Num	nber (F	RCRAII) No.)						
Off-Site location	Name										
Off-site Address								, ,			
City		St	tate		County			Zip		Country (Non-US)	
Is location und	er control of reportir	ng facility	or pa	rent cor	npany?			Yes		No	
A. Total Transfe	ers (pounds/year*) code** or estimate)			Basis of enter coo	Estimate		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1.	dodo or ddimately		1.					necycling/Enc	igy iteet	recit (onto oodo)	
2.			2.				2.				
3.			3.				3.				
4.			4.				4.				***
SECTION 7A	. ONSITE WAST	E TREA	TME	NT ME	THODS	AND EFFICIENCY					
X Not App	Check h	here if no	on-site	waste tr	eatment is	applied to any or chemical category.					
a. General Waste Stream (enter code)	b. Waste Treati	ment Meth	ethod(s) Sequence c. Range of In					d. Waste Treatm Efficiency Estimate	ient e	Based on Operating Data	?
7A.1a	7A.1b	1		2		7A.1c		7 A .1d		7A.1e	
	3 6	4 7		5 8					%	Yes	No
7A.2a	7A.2b	1		2		7A.2c		7A.2d		7A.2e	
I M.Za	3	4		1 5					%	Yes	No
	6	7		8		7 ["		
7A.3a	7A.3b	1		2		7A.3c		7A.3d		7A.3e	
	3	4		_ 5		- 		,	%	Yes	No
	6	7		8							
7A.4a		1		2		7A.4c		7A.4d		7A.4e	No
	3 4 7				5			% Yes No			NO.
7A.5a	78.5h			2 7A.5c				7 A .5d	-+	7A.5e	
17474	3	4	5						Yes	No	
	6	7		8					%		
If additional nag	es of Part II Section	6 2/74 ar	o attac	had Ind	licate the t	otal number of names i	n th	le hov			

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

						Page 5 of 5				
	FD4.F	ODU .			TRI Facility ID	·				
		ORN K			30718'Sr'MYr1	RTEW				
PA.	RT !!. CHEMICAL SPACIFI	C INFORMATION	4 (CCH	TINCED,	roxio Charaica	al, Category, or Canariu Name				
	·				Copper					
SECT	ION 7B. ON-SITE ENERGY RE	COVERY PROCESS	SES							
X		e if no on-site energy recontaining the toxic chemical			•					
	Energy Recovery Methods [enter 3-charge	acter code(s)]			· • •					
	1	2			3					
SECT	ION 7C. ON-SITE RECYCLING	PROCESSES								
X		e if no on-site recyling is a staining the toxic chemical								
	Recycling Methods [enter 3-character co	ode(s)]								
1 _	2	3		4		5				
6 _	7	8		 . 9 _		10				
SECT	ION 8. SOURCE REDUCTION	AND RECYCLING A	CTIVITIE	S						
		Column A Prior Year (pounds/year*)	Current !	olumn B Reporting Year inds/year*)	Column C Following Yea (pounds/year*)	_				
8.1				,	, Jan 7	, in the second				
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA	NA				
8.1b	Total other on-site disposal or other releases	93704	690	3 90000		90000				
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA	NA				
8.1d	Total other off-site disposal or other releases	NA	NA		NA	NA				
8.2	Quantity used for energy recovery onsite	NA	NA		NA	NA				
8.3	Quantity used for energy recovery offsite	NA	NA		NA	NA				
8.4	Quantity recycled onsite	NA	NA		NA	NA				
8.5	Quantity recycled offsite	NA	NA		NA	NA				
8.6	Quantity treated onsite	NA	NA		NA	NA				
8.7	Quantity treated offsite	NA	NA		NA	NA				
8.8	Quantity released to the environment as or one-time events not associated with				NA					
8.9	9.9 Production ratio or activity index 0.74									
	Did your facility engage in any source re enter "NA" in Section 8.10.1 and answe		chemical d	uring the reportin	ng year? If not,					
8.10	Source Reduction Activities [enter code(s)]	N	Methods to	Identify Activity (enter codes)					
8.10.1	NA	a.		þ.		Ç.				

b.

b.

a.

a.

Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)

8.10.2

8.10.3

8.10.4

8.11

Yes

No X

c.

c.

c.

Approval Expires: 1/31/2006

9	FPA			FOI	ΩM.	R		TRI Facility ID Number		
	ec (Itales	s	Seltion 313 of the c				io ∂ iniit-to-			is Nows
Envi	ironmental Prot ncy	ection K	Know Act of 1986, a Amendments and R	also known	as Title	III of the Superi		Toxic Chemical, Categ Lead	ory or Gene	nc Name
WHE	RE TO SEND COM	IPLETED FOR	RMS: 1. TRI Data Pro						if this	
			P.O.Box 151 Lanham, MD			(See instructions in	n Appendix F	For EPA use on	ıly	
										
Imp	ortant: See ir							should be chec	ked.	
			PART I. FACIL	ITY IDE	NTIF	CATION IN	FORMAT	TION		
SEC	TION 1. REPO	ORTING YE	AR <u>2003</u>							
SEC	TION 2. TRAI	DE SECRET	INFORMATION	l						
			ical identified on page			! !	this copy	Sanitized	Unsan	itized
2.1		er question 2.2 h substantiation		O (Do not a Go to Sec		.2; 2.2	Answer only it	f "YES" in 2.1)		
SEC	TION 3. CERT	IFICATION	(Important: Rea	d and sig	n afte	r completing a	all form se	ections.)		
inform	nation is true and o	complete and the	e attached document hat the amounts and							
	data availble to th			ant efficiel			Citur			to Cionadi
	as L. Warren Direc	<u> </u>	or or senior managem	ent official:			Signature	:: 		te Signed: 5/2004
	TION 4. FACIL		IEICATION	. <u>-</u>						15/2004
4.1	TION 4. TAOL	III IDEN	IIIOATION			TRI Facility ID Nu	ımber 809	913SRMYFRTE2W		
Facility	or Establishment Nar	me					ent Name or M	lailing Address (if different fo	om street add	ress)
Range Street	Facility for Fort Ca	arson				DECAM Mailing Address	 .			
	⊣ Wildemess Rd, Bld	g 9550				1638 Elwell St., B	ldg 6236			
City/Co	ounty/State/Zip Code					City/State/Zip Code			Cou	ntry (Non-US
Fort C	arson	El Paso,	Fremont, Pueblo (00 80913-4	000	Fort Carson	-	CO 80913	-4356	
4.2	This report conta (Important: chec		n for: k c or d if applicable)	a. [/\ I	n entire cility b.	Part of a facility	c. X A Federal facility	d	GOCO
4.3	Technical Conta	ct Name	John Cloonan					Telephone Number (in (719) 526-8004	clude area	code)
	Email Address	0-11	john.cloonan@cars	on.amy.mil			· -	(7 19) 320-8004	_	
4.4	Public Contact N	Jame	John Cloonan					Telephone Number (in	clude area	code)
	- abite contact i					"		(719) 526-8004	<u> </u>	
4.5	SIC Code (s) (4	digits)	a. 9711	b.		c.	d.	e.	f.	
4.6	Latitude	Degrees	Minutes	Sec	onds	Longitude	Degrees	Minutes	-	conds
4.0	Dun & Bradstre	38	45 EPA Identification Nur		45 	Facility NPDES Pe	104	47 Underground		45
4.7	Number(s) (9 dig		(RCRA I.D. No.) (12 c			Number(s) (9 cha		4.10 (UIC) I.D. Nu		
a. N	Α		210020150			0021181		a. NA		
b. SEC	TION & DADE	i b. NT COMPA	NY INFORMATION	ON	D. CO	0034771		b		
5.1	Name of Parent		NA NA	U.S. Depar	lment of	Defense				
5.2	Parent Company			NA [X					

								Page 2 of		
						۲	RI Facility ID No	ımber		
	•	EPA FOR	RΝ	R		Ŀ	10 11 23 FM /FRT	E: W 		
	PART II. CHEMIC	AL - SP	EÇII	FIC INFORMATION		[1	Toxic Chemical, Category or Generic Name			
						L	.ead			
SEC	TION 1. TOXIC CHEMIC	AL IDENT	ITY	(important: DO NOT cor	mplete	this s	section if you co	ompleted Section 2 below.)		
L	CAS Number (Important; Enter only o	ne number exac	ctly as	it appears on the Section 313 list. Enter o	category	code if	reporting a chemic	cal category.)		
1.1	7439-92-1									
1.2		Name (Importa	ant: Er	iter only one name exactly as it appears or	n the Se	ection 3	113 list.)			
Lead								<u> </u>		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA									
1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17									
SEC	TION 2. MIXTURE COMP	ONENT I	DEN'	TITY (Important: DO NOT cor	mplete	this s	section if you co	ompleted Section 1 above.)		
	Generic Chemical Name Provided by	Supplier (Impo	rtant: N	Maximum of 70 characters, including numb	bers, lett	ters, sp	aces, and punctua	tion.)		
2.1	NA	***								
SECT	ION 3. ACTIVITIES AND (Important: Check a			TOXIC CHEMICAL AT THE	E FAC	ILIT	Y			
3.1	Manufacture the toxic ch	emical:	3.2	Process the toxic chemical	:	3.3	Otherwise L	use the toxic chemical:		
а.	Produce b. ir	mport								
	If produce or import:		a.	As a reactant		а.	As a chem	nical processing aid		
c.	For on-site use/processir	ng	b.	As a formulation component	:	b. :	As a manı	ufacturing aid		
d.	For sale/distribution		c.	As an article component	1	c.	X Ancillary of	or other use		
e.	As a byproduct		d.	Repackaging						
f.	As an impurity		e.	As an impurity						
SECT	ION 4. MAXIMUM AMOU	NT OF TH	ET	OXIC CHEMICAL ONSITE A	T AN	Y TIN	IE DURING	THE CALENDAR YEAR		
4.1	04 (Enter tw	vo-digit cod	le fro	om instruction package.)						
SECT	ION 5. QUANTITY OF TH	IE TOXIC	CHE	MICAL ENTERING EACH E	NVIR	ONM	ENTAL MED	IUM ONSITE		
				A. Total Release (pounds/year*) (Enter range code or estimate**)		lasis o	of Estimate code)	C. % From Stormwater		
5.1	Fugitive or non-point air emissions	NA	× .					and a self-order		
5.2	Stack or point air emissions	NA -	x							
	Discharges to receiving stream		=	I						

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

water bodies (enter one name per box) Stream or Water Body Name

5.3

5.3.1 5.3.2

5.3.3

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

GFA FORM R

PART II. CHEMICAL - ST/ECIFIC INFORMATION (CONTINUED)

	TRI Facility ID Number
ĺ	609 13 3R vil 'F RTE2 W
	Toxic Chemical, Category, or Generic Name
	ead

PARI	II. CHEMICAL - 3:	ECITIO	S INFO	KIN WIRE	DIA (C	VIN I IN	OED)	Toxic Che	emical, Catego	ry, or Generi	c Name
								Lead			
SECTIO	ON 5. QUANTITY OF TH	IE TOXI	С СНЕМ	ICAL EN	TERIN	IG EACH	ENVIR	NMENTA	L MEDIUM	ONSITE	(Continued)
		NA	A. Total i			year*) (ente r estimate)	- 1	B. Basis o			
5.4.1	Underground Injection onsite to Class I Wells	X									
5.4.2	Underground Injection onsite to Class II-V Wells	e X									
5.5	Disposal to land onsite										
5.5.1.A	RCRA Subtitle C landfills	X									
5.5.1.B	Other landfills	X						•			
5.5.2	Land treatment/application farming	X :									
5.5.3A	RCRA Subtitle C Surface Impoundments	X									
5.5.3B	Other surface impoundments	s X									
5.5.4	Other disposal		66743					E			
SECTIO	ON 6. TRANSFERS OF	THE TO	XIC CHE	MICAL II	N WAS	STES TO	OFF-SI	TE LOCAT	IONS		
6.1 DIS	CHARGES TO PUBLIC	LY OW!	NED TRE	ATMENT	r wor	RKS (PO	ΓWs)				
6.1.A To	tal Quantity Transferred	to POTW	s and Ba	sis of Est	timate						
	Total Transfers (pounds/ (enter range code** or esti		·	·	6.1.	A.2 Basis (enter		ate			
		NA									
6.1.B. 1	POTW Name NA	4			•						
POTW A	ddress										
City				State		County				Zip	
6.1.B.	POTW Name			-	•	•				•	
POTW A	ddress										
City	•			State		County				Zip	
If additio	nal pages of Part II, Section	6.1 are at	tached, inc	dicate the	total nu	mber of pa	iges				
in this bo	and indicate the	Part II, Se	ction 6.1 p	age numb	er in thi	s box [(6	xample: 1,2	,3, etc.)		
SECTIO	ON 6.2 TRANSFERS TO	OTHER	R OFF-SI	TE LOCA	ATION	s					
6.2. <u>1</u>	Off-Site EPA Identification	Number	(RCRA ID	No.)		NA					
Off-Site L	ocation Name NA										
Off-site A	ddress										
City		State	•	County					Zip	C)	ountry Non-US)
Is location	n under control of reporting fac	cility or par	ent compar	ny?	•				Yes		No

* For Dioxin or Dioxin-like compounds, report in grams/year

^{**} Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

				TRI Facility ID Number							
	::PA F	ORM R		£0! 13 3R VI /F RTE2 W							
PARTII. CH	IEMICAL SPECIFI	C INFORMATION	N (CONTINUED)	foxic Chemicar, Categ	ory, or Generic Name						
				Lead							
SECTION 6.2	TRANSFERS TO OTH	IER OFF-SITE LOCA	ATIONS (Continued)								
A. Total Transfe (enter range c	ers (pounds/year*) ode** or estimate)	B. Basis of Estima (enter code)	te	C. Type of Waste Treat Recycling/Energy R	ment/Disposal/ ecovery (enter code)						
1.		1.		1.							
2.		2.		2.							
3.		3.		3.							
4.		4.		4.							
6.2. Of	f-Site EPA Identification Nu	umber (RCRA ID No.)									
Off-Site location	Off-Site location Name										
Off-site Address											
City		State County		Zip	Country (Non-US)						
Is location und	er control of reporting facil	ity or parent company?	?	Yes	☐ No						
	ers (pounds/year*) code** or estimate)	B. Basis of Estima (enter code)	te	C. Type of Waste Treat Recycling/Energy R	ment/Disposal/ ecovery (enter code)						
1.		1.		1.							
2.		2.		2.							
3.		3.		3.							
4.		4.		4.							
SECTION 7A	. ONSITE WASTE TRE	ATMENT METHOD	S AND EFFICIENCY								
X Not App		no on-site waste treatment containing the toxic chemi	t is applied to any ical or chemical category.								
a. General Waste Stream (enter code)	b. Waste Treatment M [enter 3-character co		c. Range of Influ Concentration	II.	e. Based on Operating Data?						
7A.1a	7A.1b 1	2	7A.1c	7A.1d	7 A .1e						
	3 4 7	5 8		%	Yes No						
7A.2a	7A.2b 1	2	7A.2c	7A.2d	7A.2e						
1 M.Za	3 4	5		%	Yes No						
	6 7	8	\neg I	76							
7A.3a	7A.3b 1	2	7A.3c	7A.3d	7A.3e						
	3 4	5		%	Yes No						
	6 7	8			: :						
7A.4a	7 A.4b 1	2	7A.4c	7A.4d	7A.4e						
	3 4 7	5 8		%	Yes No						
7A.5a	7A.5b 1	2	7A.5c	7A.5d 7A.5e							
/ PLV4	3 4	5			Yes No						
	6 7	8		%							
If additional pag	es of Part II, Section 6.2/7A	are attached, indicate th	ne total number of pages i	in this box							

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORN K

TRI Facility ID Number
307 CSrMYr RTEW
Youto Chartical, Catagory, or Compris Name
Lead

PA.	RT !!. CHEMICAL SPECIFIC	O INFORMATION	4 (CCN	inced,	You'd Chartical	Category, or Contric Name					
					Lead						
SECT	ION 7B. ON-SITE ENERGY RE	COVERY PROCESS	SES			1 1 11 11 11 11 11 11 11 11 11 11 11 11					
X		if no on-site energy reco taining the toxic chemical									
Energy Recovery Methods [enter 3-character code(s)]											
	3										
SECT	ION 7C. ON-SITE RECYCLING	PROCESSES									
X		if no on-site recyling is a taining the toxic chemical									
	Recycling Methods [enter 3-character co	de(s)]									
1	2			4		5					
6	6 7 8 <u>9 10 </u>										
SECT	ION 8. SOURCE REDUCTION	AND RECYCLING A	CTIVITIE	:S							
		Column A Prior Year (pounds/year*)	Current F	olumn B Reporting Year nds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)					
8.1											
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA	NA					
8.1b	Total other on-site disposal or other releases	45324	667	43	47000	47000					
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA NA			NA	NA					
8.1d	Total other off-site disposal or other releases	NA NA			NA	NA					
8.2	Quantity used for energy recovery onsite	NA	NA		NA	NA					
8.3	Quantity used for energy recovery offsite	NA	NA		NA	NA					
8.4	Quantity recycled onsite	NA	NA		NA	NA NA					
8.5	Quantity recycled offsite	NA NA	NA		NA	NA					
8.6	Quantity treated onsite	NA	NA		NA	NA					
8.7	Quantity treated offsite	NA	NA		NA	NA					
8.8	Quantity released to the environment as or one-time events not associated with	s a result of remedial action productionprocesses (po	ons, catasti onds/year)	ophic events,	NA						
8.9	Production ratio or activity index				1.47						
	Did your facility engage in any source re enter "NA" in Section 8.10.1 and answe		chemical d	uring the reporting	ng year? If not,						
8.10	Source Reduction Activities [enter code(s)]		Methods to	Identify Activity (enter codes)						
8.10.1	NA	a.		b.		с.					
8.10.2	a. b. c.										
8.10.3	3 a. b. c.										
8.10.4		a.		b.		С.					
8.11	Is additional information on source reduincluded with this report? (Check one for the control of		on control a	ectivities		Yes No X					

		rint; read instr	uction	s before completing	form)) Approval Expires:				/31/2006 Page 1			
13	FPA				FO	RM !	Q			acility ID Number			
	ec States									3SRMYFRTE2W		. <u>.</u>	
Env	ironmental Prot			on 313 of the ≞me Act of 1986, also						Chemical, Category Compounds	or Gene	eric Name	
Age	ncy			ndments and Reau					Leau				
WHE	RE TO SEND COM	IPLETED FO	RMS:	1. TRI Data Process P.O.Box 1513	sing Cer	nter 2. AP	PROPRIAT	E STATE OFF ons in Appendix	ICE	Enter "X" here if t is a revision	his		
				Lanham, MD 201	703-151	3	se msuucut	nis in Appendix	Γ)	For EPA use only		I	
_													
lmp	ortant: See ir			determine wh							d.		
	<u> </u>		PAF	RT I. FACILITY	Y IDE	NTIFIC	ATION	INFORMA	TION	<u> </u>			
SEC	TION 1. REPO	ORTING YI	EAR	2003			<u> </u>					_	
SEC	TION 2. TRAI	DE SECRE	T IN	FORMATION						_			
				dentified on page 2 tr	ade sec	ret?		Is this copy		Sanitized	Unsar	nitized	
2.1		er question 2.5 h substantiation			Do not ai o to Sec	nswer 2.2; ction 3)	2.2	(Answer only	if "YES	" in 2.1)			
SEC	TION 3. CERT	IFICATION	i (lm	portant: Read a	nd sig	n after c	ompletin	ng ali form s	ection	ıs.)			
I hen	eby certify that I ha	ve reviewed t	he att	ached documents an	d that, to	the best of	of my knowl	edge and belie	f, the sul	omitted			
	mation is true and o g data availble to th			ne amounts and value report.	es in this	s report are	accurate b	pased on reason	nable est	timates			
Name	and official title of	owner/operat	or or s	senior management of	official:			Signatu	re:	-	Da	te Signed:	
Thom	as L. Warren Direc	tor, DECAM		•				_		·	06/	15/2004	
SEC	TION 4. FACIL	ITY IDENT	ÎFIC	ATION				.					
4.1						TE	RI Facility II	Number 8	0913SR	MYFRTE2W	_		
-	or Establishment Nar						cility or Estable	lishment Name or	Mailing A	ddress (if different from	street add	iress)	
Street	Facility for Fort Ca	arson					illing Address					****	
	→ Wilderness Rd, Bld	g 9550						— t., Bldg 6236					
City/Co	ounty/State/Zip Code			···		City	y/State/Zip Co	ode			Cou	intry (Non-US	
Fort C	arson	El Paso	, Fren	nont, Pueblo CO t	80913-4	000 Fo	rt Carson	_		CO 80913-43	356		
4.2	This report conta (Important: chec				a. [X An e facilit		Part of facility	a _{c.} [X A Federal facility d		GOCO	
4.3	Technical Conta	ct Name	Joh	in Cloonan					_	phone Number (inclu) 526-8004	ide area	code)	
	Email Address		johi	n.cloonan@carson.ai	rmy.mil	_			10.10				
4.4	Public Contact N	lame	Joh	in Cloonan					<u> </u>	ohone Number (inclu	ide area	code)	
			-	Primary			Γ		(719	526-8004		<u> </u>	
4.5	SiC Code (s) (4	digits)	a.	9711	b.		c.	d.		e.	f.		
4.6	Degrees Minutes Second				onds	Langitud	Degree	s	Minutes	Sec	conds		
38 45 45 104							<u> </u>	47		45			
4.7	Dun & Bradstre Number(s) (9 dig	1401		dentification Number A I.D. No.) (12 chara			cility NPDE mber(s)_(9	S Permit characters)	4.10	Underground In (UIC) I.D. Numb			
a. N	<u> </u>	a. CO2	22100	20150		a. CO00	21181		a. N	Α			
b.		þ.			_	b. CO003	34771		b.				
SEC	TION 5. PAREI	NT COMPA	YNA	INFORMATION									

Parent Company's Dun & Bradstreet Number

NA

Name of Parent Company

5.1

5.2

U.S. Department of Defense

Х

								Page 2 of			
						7	RI Facility ID No	ımber			
	+	EPA FOI	RN	R		Ľ	`0 ፡1 ፡	E; W			
	PART II. CHEMIC	AL - SP	EC	FIC INFORMATION			Toxic Chemical, Category or Generic Name				
						L	ead Compound	S			
SEC	TION 1. TOXIC CHEMIC	AL IDENT	ΊΤΥ	(Important: DO NOT co	omplete	this:	section if you co	ompleted Section 2 below.)			
	CAS Number (Important: Enter only o	ne number exa	ctly as	s it appears on the Section 313 list. Enter	category	/ code if	reporting a chemic	cal category.)			
1,1	N420										
1.2		Name (Import	ant: E	nter only one name exactly as it appears	on the S	ection 3	313 list.)				
1.2	Lead Compounds						<u> </u>				
1.3	Generic Chemical Name (Important: C NA	Complete only in	f Part	1, Section 2.1 is checked "Yes". Generic	Name m	nust be	structurally descript	tive.)			
	**	f the Dioxin	and	Dioxin-like Compounds Category	·						
	(If there are any numbers in boxes 1-1	7, then every f	ield m	ust be filled in with either 0 or some numb	ber betwe			ition should be			
1.4	· · · · · · · · · · · · · · · · · · ·	snould equal it 4 5	6 pu	If you do not have speciation data availab 7 8 9 10	ble, maic 11) 12 13	14 15 16 17			
NA_							: :				
SEC	SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)										
	Generic Chemical Name Provided by	Supplier (Impo	rtant:	Maximum of 70 characters, including nurr	nbers, let	tters, sp	paces, and punctua	tion.)			
2.1	NA										
SECT	TION 3. ACTIVITIES AND (Important: Check a			E TOXIC CHEMICAL AT TH	IE FAC	CILIT	Y				
3.1	Manufacture the toxic ch	emical:	3.2	Process the toxic chemica	al:	3.3	Otherwise u	use the toxic chemical:			
a.	X Produce b. Ir	nport									
	If produce or import:		a.	As a reactant		a	a. As a chemical processing aid				
c.	For on-site use/processir	ng	b.	As a formulation componen	nt	b. :	: As a mani	ufacturing aid			
d.	For sale/distribution	:	Ç.	As an article component		С.	X Ancillary of	or other use			
e.	As a byproduct		d.	Repackaging							
f.	X As an impurity		е.	As an impurity							
SECT	TION 4. MAXIMUM AMOU	NT OF TH	EΤ	OXIC CHEMICAL ONSITE A	AT AN	Y TIN	IE DURING '	THE CALENDAR YEAR			
4.1	03 (Enter tw	o-digit cod	le fr	om instruction package.)							
SECT	TION 5. QUANTITY OF TH	IE TOXIC	CHE	MICAL ENTERING EACH E	ENVIR	ONM	ENTAL MED	OIUM ONSITE			
				A. Total Release (pounds/year*) (Enter range code or estimate**)		Basis e enter d	of Estimate code)	C. % From Stormwater			
5.1	Fugitive or non-point air emissions	NA :		629			E				
5.2	Stack or point air emissions	NA _	X								

Discharges to receiving streams or water bodies (enter one name per box) 5.3 Stream or Water Body Name NΑ 5.3.1 5.3.2 5.3.3

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box (example: 1,2,3, etc.) and indicate the Part II, Section 5.3 page number in this box.

* For Dioxin or Dioxin-like compounds, report in grams/year

^{**} Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EFA FORM R

PART II. CHEMICAL - STECIFIC INFORMATION (CONTINUED)

	TRI Facility ID Number
ĺ	£ 3; 13 3R vi 'F RTE2 W
İ	Toxic Chemical, Category, or Generic Name
	Lead Compounds

								Lead Con	npounds			
SECTIO	ON 5. QUANTITY OF THE	TOXI	CCHEMIC	CAL EN	TERIN	G EACH	ENVIR	ONMENTA	L MED	IUM ON	SITE	(Continued)
		NA	A. Total R			/ear*) (ente r estimate)	r range	B. Basis o		te	•	·
5.4.1	Underground Injection onsite to Class I Wells	X										
5.4.2	Underground Injection onsite to Class II-V Wells	X										
5.5	Disposal to land onsite					•						
5.5.1.A	RCRA Subtitle C landfills	X										
5.5.1.B	Other landfills	X										
5.5.2	Land treatment/application farming	. x										
5.5.3A	RCRA Subtitle C Surface Impoundments	X										
5.5.3B	Other surface impoundments	х										
5.5.4	Other disposal	X										
SECTIO	ON 6. TRANSFERS OF TH	E TO	XIC CHE	AICAL IN	N WAS	TES TO	OFF-SI	TE LOCAT	IONS			
6.1 DIS	CHARGES TO PUBLICLY	OWN	IED TREA	ATMENT	WOR	KS (PO	ſWs)					
6.1.A To	tal Quantity Transferred to	POTW	s and Bas	is of Est	imate							
	Total Transfers (pounds/yea				6.1.A	A.2 Basis		nate				
1	(enter range code** or estima	nte) NA		· · · · · · · · ·	-	(enter	code)					
	POTW Name NA				<u> </u>						-	
6.1.B. 1												
POTW A	ddress											
City				State		County					Zip	
6.1.B.	POTW Name											
POTW A	ddress											
City	1			State		County					Zip	
If additio	nal pages of Part II, Section 6.	l are at	tached, indi	icate the t	otal nu	mber of pa	ges				· · ·	
in this bo	and Indicate the Pa	t II, Sec	ction 6.1 pa	ge numbe	r in thi	s box [(example: 1,2	,3, etc.)			
SECTIO	ON 6.2 TRANSFERS TO C	THER	OFF-SIT	E LOCA	TION	s						
6.2. <u>1</u>	Off-Site EPA Identification N	umber	(RCRA ID	No.)		NA						
Off-Site L	ocation Name NA											
Off-site A	ddress											
City	1	State	,	County					Zip			untry Ion-US)
Is location	under control of reporting facility	y or par	ent company	y?					Υe		·	No

* For Dioxin or Dioxin-like compounds, report in grams/year

^{**} Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

554 5	ADM D		TRI Facility ID Number	
SPAF	ORM R		ED: 13 3R VI /F RTE2 W	
PARTII. CHEMICAL - SPECIFIC	CINFORMATION (CONTINUED)	foxic Chemicar, Category	ory, or Generic Name
			Lead Compounds	
SECTION 6.2 TRANSFERS TO OTH	ER OFF-SITE LOCATIO	NS (Continued)		
A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)		C. Type of Waste Treate Recycling/Energy Re	ment/Disposal/ ecovery (enter code)
1.	1.		1	
2.	2.		2.	
3.	3.		3.	
4.	4.		4.	
6.2. Off-Site EPA Identification Nu	mber (RCRA ID No.)			
Off-Site location Name				
Off-site Address		-		
City	State County		Zip	Country (Non-US)
Is location under control of reporting facili	ty or parent company?		Yes	☐ No
A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)		C. Type of Waste Treats Recycling/Energy Re	ment/Disposal/ ecovery (enter code)
1.	1.		1.	
2.	2.		2.	
3.	3.		3.	
4.	4.		4.	
SECTION 7A. ONSITE WASTE TRE	ATMENT METHODS A	ND EFFICIENCY		
X Not Applicable (NA) - Check here if no waste stream of	o on-site waste treatment is ac ontaining the toxic chemical or	oplied to any chemical category.		
a. General b. Waste Treatment Me Waste Stream (enter 3-character co		c. Range of Influe Concentration	ent d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a 7A.1b 1	2	7A.1c	7A.1d	7A.1e
3 4 7	5 8		%	Yes No
74.25	2	7A.2c	7A.2d	7A.2e
7A.2a	5			Yes No
6 7	8		%	:
7A.3a 7A.3b 1	2	7A.3c	7A.3d	7A.3e
3 4	5		%	Yes No
6 7	8		76	
7A.4a 7A.4b 1	2	7A.4c	7A.4d	7A.4e
3 4	5		%	Yes No
6 7 7A.5b	8	74 5-		78.5-
7A.5a 7A.50 1 1 1	2 5	7A.5c	7A.5d	7A.5e Yes No
3 7 7	8		%	185 140
If additional pages of Part II, Section 6.2/7A a		al number of pages in	n this box	

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORN K

	TRI Facility ID Number
1	30 X CSr N Yr RTE. M
	foxio Chamical, Catagory, or Contrib Name
	Lead Compounds

1	E 7.1	OIGH IC				(TE•/′
PA.	RT !!. CHEMICAL SPACIFIC	C INFORMATION	N (CON	TINUED,	foxio Charnical	, Category, or Compris Name
			-	•	Lead Compoun	ds
SECT	ION 7B. ON-SITE ENERGY RE	COVERY PROCESS	SES			
X		e if no on-site energy recontaining the toxic chemical			;	
	Energy Recovery Methods [enter 3-char-	acter code(s)]				
	1	2			3	
SECT	ION 7C. ON-SITE RECYCLING	PROCESSES				
X		e if no on-site recyling is a staining the toxic chemica				
	Recycling Methods [enter 3-character co	ode(s)]				
1 _	2	3		4 _		5
6	7	8		9		10
SECT	ION 8. SOURCE REDUCTION	AND RECYCLING A	CTIVITIE	s		
		Column A	_	olumn B	Column C	Column D
		Prior Year (pounds/year*)	!	Reporting Year inds/year*)	Following Year (pounds/year*)	Second Following Year (pounds/year*)
8.1		(podrida year)	()00	iniasrycar)	(pouriou your)	(position year)
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA	NA
8.1b	Total other on-site disposal or other releases	1441	62	9	700	700
8.1¢	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	• ***	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA		NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA		NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA		NA	NA
8.4	Quantity recycled onsite	NA	NA		NA	NA
8.5	Quantity recycled offsite	NA	NA .		NA	NA
8.6	Quantity treated onsite	NA	NA		NA	NA
8.7	Quantity treated offsite	NA	NA		NA	NA
8.8	Quantity released to the environment a or one-time events not associated with				NA NA	
8.9	Production ratio or activity index			1.0	0.44	•
	Did your facility engage in any source re enter "NA" in Section 8.10.1 and answe		chemical d	uring the reporting	ng year? If not,	
8.10	Source Reduction Activities [enter code(s)]		Methods to	Identify Activity ((enter codes)	
8.10.1	NA	а.		b.		c.
8.10.2		a.		b.		c.
8.10.3		a.		b.		c.
0.40		1				_

8.11

Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one Box)

Yes

Nο

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Approval Expires: 1/31/2006

Ω	EPA				<u> </u>	78 7	_			TRIF	acility ID Number		
17	FPA				FO	74	:<			80913	SRMYFRTE2W		
_	ec States ronmental Prote ncy	ection K	now A	313 of the ⊏m ct of 1986, als ments and Rea	o known	as Title	ill of				Chemical, Category	or Gene	ric Name
WHER	RE TO SEND COM	PLETED FOR	MS: 1.	TRI Data Proce	essina Cer	iter 2.	APPR	OPRIATE S	STATE OFFIC	Ε	Enter "X" here if the	nis	
	CE TO GENE COM			P.O.Box 1513					in Appendix F	=) Is a revision			
			_	Lanham, MD 2		3 					For EPA use only	<u> </u>	
Impo	ortant: See in	structions	to d	letermine v	vhen "N	lot A	plic	able (N	A)" boxes	sho	uld be checke	d.	
		<u>_</u>	ART	I. FACILI	TY IDE	NTIF	ICA	TION IN	FORMAT	ION			
SEC	TION 1. REPO	ORTING YE	AR 2	2003									
SEC	TION 2. TRAD	E SECRET	INFO	RMATION				, ,			<u> </u>		
	Are you claiming to	he toxic chemi	cat iden	ntified on page 2	trade sec	ret?		1	s this copy		Sanitízed	Unsar	nitized
2.1		er question 2.2; substantiation		1 / 1	(Do not a Go to Sec		.2;	2.2	Answer only is	f "YES	' in 2.1)		
SEC	TION 3. CERT	IFICATION	(lmpo	ortant: Read	and sig	n afte	r cor	npleting	ali form se	ction	s.)		
infom	eby certify that I have nation is true and condata availble to the	omplete and th	nat the a	amounts and va									
Name	and official title of	owner/operato	r or sen	nior managemer	nt official:				Signature	: :		Da	te Signed:
Thoma	as L. Warren Direct	or, DECAM	-									06/	15/2004
SEC	TION 4. FACIL	ITY IDENTI	FICAT	TION									
4.1							TRIF	acility ID N	umber 809	913SRI	MYFRTE2W		
Facility	or Establishment Nan	ne					Facility	or Establish	ment Name or M	lailing A	ddress (if different from	street add	lress)
Range	Facility for Fort Ca	arson					DECA	AM					
Street RT 2 V	_ Vildemess Rd, Bld;	g 9550						Address Elwell St., E	3ldg 6236				
City/Co	ounty/State/Zip Code	""	_	11-1			City/St	ate/Zip Code				Cou	ntry (Non-US
Fort Ca	arson	■ El Paso,	Fremor	nt, Pueblo CC	80913-4	000	Fort C	Carson			CO 80913-43	56	
4.2	This report conta			if applicable)	a. [<i>^</i>	n entir	e b.	Part of a facility	c. [X A Federal facility d		GOCO
4.3			· · ·							Telep	phone Number (inclu	de area	code)
7.3	Technical Conta	ct Name		Cloonan						(719)	526-8004	•	
	Email Address		john.c	cloonan@carson	.army.mii					Talar	phone Number (inclu	do oron	oodo)
4.4	Public Contact N	lame	John (Cloonan					_		526-8004	ue al ça	code)
4.5	SIC Code (s) (4	digits)		Primary	┥.								
4.5	0.0 0000 (0) (4	Degrees	a. 9	Minutes	b.	onds	- `) .	d. Degrees		e. Minutes	f. Se	conds
4.6	Latitude	38	+	45	1	45	∖	ongitude	104		47		45
4.7	Dun & Bradstree Number(s) (9 dig	-		entification Numb		4.9		y NPDES F per(s) (9 ch		4.10	Underground In (UIC) I.D. Numb		
a. N		a. CO2				a. CC		· , , ,	<u> </u>	a. N	(0.0)	(4) (- v.gy
b.		b.				b . CC				b.	·		
SEC	TION 5. PAREI	NT COMPA	NY IN	FORMATIO									
5.1	Name of Parent		NA		J.S. Depar	tment o	f Defe	nse					-
5.2	Parent Company			Number	NA .	X				_			

									Page 2 of		
						TR	I Facility ID N	lumber			
		[.0	11.3FM/FR	TE; W							
	PART II. CHEMIC	AL - SP	ECI	FIC INFORMATION		То	Toxic Chemical, Category or Generic Name				
						Nit	roglycerin				
SEC	TION 1. TOXIC CHEMIC	AL IDENT	ΊΤΥ	(Important: DO NOT c	omplete	this se	ction if you	completed Sec	tion 2 below.)		
1.1	CAS Number (Important: Enter only o	ne number exa	ectly as	it appears on the Section 313 list. Enter	category	code if re	porting a chem	nical category.)			
		/ Name (Import	tant: E	nter only one name exactly as it appears	on the Se	ection 313	3 list.)				
1.2	Nitroglycerin							•	-		
1.3		Complete only	if Part	1, Section 2.1 is checked "Yes". Generic	Name m	ust be str	ucturally descri	ptive.)			
		of the Diovin	and	Dioxin-like Compounds Categor	n/						
	(If there are any numbers in boxes 1-	7, then every	field m	ust be filled in with either 0 or some num	ber betwe	en 0.01 a	and 100. Distril	bution should be			
1.4	reported in percentages and the total	snould equal 1 4 5	00%. 6	If you do not have speciation data availa 7 8 9 10	ible, indica 11	ite NA.} 12	13	14 15	16 17		
NA _									· · · · · · · · · · · · · · · · · · ·		
SEC	TION 2. MIXTURE COM	PONENT	DEN	TITY (Important: DO NOT c	omplete	this se	ction if you	completed Sec	tion 1 above.)		
	Generic Chemical Name Provided by	Supplier (Impo	ortant:	Maximum of 70 characters, including nu	mbers, let	ers, spac	es, and punctu	ation.)			
2.1	NA										
SECT	TION 3. ACTIVITIES AND			E TOXIC CHEMICAL AT TH	IE FAC	ILITY					
3.1	Manufacture the toxic ch	emical:	3.2	Process the toxic chemica	al:	3.3	Otherwise	use the toxic	: chemical:		
a.	Produce b.	mport									
	If produce or import:		a.	As a reactant		a	As a che	mical processin	g aid		
c.	For on-site use/processi	ng	b.	As a formulation compone	nt	b	: Asama	nufacturing aid			
d.	For sale/distribution		c.	As an article component		c. X	Ancillary	or other use			
е.	As a byproduct		d.	Repackaging							
f.	As an impurity		e.	As an impurity							
SEÇI	TION 4. MAXIMUM AMOU	NT OF TH	IE T	OXIC CHEMICAL ONSITE	AT AN	Y TIMI	DURING	THE CALE	NDAR YEAR		
4.1	04 (Enter ty	vo-digit co	de fr	om instruction package.)							
SECT	ION 5. QUANTITY OF TH	IE TOXIC	CHE	MICAL ENTERING EACH	ENVIR	ONME	NTAL ME	DIUM ONSIT	LE .		
				A. Total Release (pounds/year*) (Enter range code or estimate**)		Basis of enter co	Estimate de)	C. % From S	Stormwater		
5.1	Fugitive or non-point air emissions	NA _	X .								
5.2	Stack or point air emissions	NA _	X	· ·				1			
5.3	Discharges to receiving stream water bodies (enter one name										

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

Stream or Water Body Name

5.3

5.3.1

5.3.2

5.3.3

NA

		TRI Facility ID Number											
		6 X 13 3R	VI F R	TE2 N									
PART	II. CHEMICAL -	S: EC	IFIC	INFO	RMATI	ON (C	ONTIN	UED)	Toxic Che	emical,	Category,	or Generi	c Name
									Nitroglyce	erin			
SECTIO	ON 5. QUANTITY OF	THE T	OXIC	CHEM	IÇAL EN	ITERIN	IG EACH	ENVIR	RONMENTA	L ME	DIUM OI	NSITE	(Continued)
		1	NA	A. Total			year*) (ente r estimate)	-	B. Basis o		ate	-	
5.4.1	Underground Injection or to Class I Wells	nsite -	X		"		1111						
5.4.2	Underground Injection or to Class II-V Wells	nsite	X		-								
5.5	Disposal to land onsite												
5.5.1.A	RCRA Subtitle C landfills	-				<u>.</u>	·						
5.5.1.B	Other landfills		X										
5.5.2	Land treatment/application farming	on "	X :										
5.5.3A	RCRA Subtitle C Surface Impoundments	-	x										
5.5.3B	Other surface impoundment	ents -	×	_									
5.5.4	Other disposal		X										
SECTIO	ON 6. TRANSFERS O	F THE	TOX	CIC CHE	MICAL I	N WAS	STES TO	OFF-S	ITE LOCAT	<u>IONS</u>			
6.1 DIS	CHARGES TO PUBL	ICLY (OWN	ED TRE	ATMEN	T WOF	RKS (PO	TWs)				·	
6.1.A To	otal Quantity Transferre	ed to P	OTWs	s and Ba	sis of Es	timate							
	Total Transfers (pound (enter range code** or e					6.1.4	A.2 Basis (enter		nate		,		
	· <u>-</u>		NA		_	 	`						
6.1.B. 1	POTW Name	NA				-							
POTW A	ddress												
City					State		County					Zip	
6.1.B.	POTW Name												
POTW A	ddress									•			
City	· · · · · · · · · · · · · · · · · · ·				State		County			.,		Zip	
If additio	nal pages of Part II, Secti	ion 6.1 a	ere atta	ached, in	dicate the	total nu	mber of pa	iges					
in this bo	ox and indicate the	he Part I	II, Sec	tion 6.1 p	age numb	er in thi	s box		(example: 1,2	,3, etc.)		
SECTIO	ON 6.2 TRANSFERS	то от	HER	OFF-SI	TE LOC	ATION	s						
6.2. <u>1</u>	Off-Site EPA Identificat	ion Nun	mber ((RCRA I	No.)		NA						
Off-Site L	ocation Name NA												
Off-site A	ddress												
City			State		County					Zip	-		ountry Non-US)

No

Yes

Is location under control of reporting facility or parent company?

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

^{**} Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

	EDA E	004.0		TRI Facility ID Number	
	EPA F	ORM R		£05 13 3R W /F RTE2 W	
PARTII. CH	EMICAL SPECIFIC	CINFORMATION (CONTINUED)	foxic Chemicar, Catego	ory, or Generic Name
			•	Nitroglycerin	
SECTION 6.2	TRANSFERS TO OTH	ER OFF-SITE LOCATION	ONS (Continued)		
A. Total Transfe (enter range o	ers (pounds/year*) code** or estimate)	B. Basis of Estimate (enter code)		C. Type of Waste Treatr Recycling/Energy Re	
1.		1.		1.	
2.		2 .		2.	
3.		3.		3.	
4.	·	4.		4.	••
6.2. Of	f-Site EPA Identification Nu	mber (RCRA ID No.)			
Off-Site location	Name				
Off-site Address		, ,			
City	:	State County		Zip	Country (Non-US)
Is location und	er control of reporting facili	ty or parent company?		Yes	No No
A. Total Transfe (enter range	ers (pounds/year*) code** or estimate)	B. Basis of Estimate (enter code)		C. Type of Waste Treatr Recycling/Energy Re	
1.		1.		1.	
2.		2.		2.	
3.		3.	·	3.	
4.		4.		4.	
SECTION 7A	. ONSITE WASTE TRE	ATMENT METHODS A	ND EFFICIENCY		
X Not App		o on-site waste treatment is a ontaining the toxic chemical o		-	
a. General Waste Stream (enter code)	b. Waste Treatment Me [enter 3-character co		c. Range of Influe Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1	2	7A.1c	7A.1d	7A.1e
<u> </u>	3 4 7	5		%	Yes No
7A.2a	7A.2b 1	2	7A.2c	7A,2d	7A.2e
- 1 A.Za	3 4	5			Yes No
	6 7	8	1	%	:
7A.3a	7A.3b 1	2	7A.3c	7A.3d	7A.3e
	3 4	5		%	Yes No
	6 7	8			·
7A.4a	7A.4b 1	2	7A.4c	7A.4d	7A.4e
	3 4 7	5 8	11	%	Yes No
7A.5a	7A.5b 1	2	7A.5c	7A.5d	7 A .5 e
. A.VA	3 4	5	1	-	Yes No
	6 7	8		%	.,
If additional page	es of Part II Section 6 2/7A a	ro ottophod indicate the tot	tal number of accessi	a this have	

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

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TRI Facility ID Number
30 XIC'SE'M YERTELIM
rioldo Charlical, Category, or Contriu Name
Nitroglycerin

ÞΔ	L.						ical, Category, or Contriu Name	
Γ.Α.	Nitroglycerin					i, oa.sg., y, or committee warra		
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES								
X	Check here			lied to any waste				
Not Applicable (NA) - stream containing the toxic chemical or chemical category.								
Energy Recovery Methods [enter 3-character code(s)]								
13								
SECTION 7C. ON-SITE RECYCLING PROCESSES								
Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.								
Recycling Methods [enter 3-character code(s)]								
1	2	3		4		5	•	
6	 	8		<u> </u>				
<u> </u>	· · ·			_ 9 _		10		
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES								
		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)		Column C Following Year (pounds/year*)		Column D Second Following Year (pounds/year*)	
8.1		(4-2	4		(position)		(pouriou)our y	
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA			NA	
8.1b	Total other on-site disposal or other releases	0	NA		0		0	
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA		NA	
8.1d	Total other off-site disposal or other releases	NA	NA		NA		NA	
8.2	Quantity used for energy recovery onsite	NA	NA		NA		NA	
8.3	Quantity used for energy recovery offsite	NA	NA		NA		NA	
8.4	Quantity recycled onsite	NA	NA		NA		NA	
8.5	Quantity recycled offsite	NA	NA		NA	\neg	NA	
8.6	Quantity treated onsite	NA	NA		NA		NA	
8.7	Quantity treated offsite	NA	NA		NA	\dashv	NA	
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year) NA							
8.9	Production ratio or activity index NA							
	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.							
8.10	Source Reduction Activities Methods to Identify Activity (enter codes) [enter code(s)]							
8.10.1	NA	a.		b. (c.	с.	
8.10.2		a.		b. c		c.		
8.10.3		a.		b. c		C.		
8.10.4	B. 1	a.		b.		C.	C.	
8.11	Is additional information on source reduction, recycling, or pollution control activities Yes No X							

No Х